



MEMORANDUM

Agenda Item No. 11(A)(33)

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**TO:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners


**DATE:** July 3, 2012

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Resolution retroactively authorizing  
in-kind services for the May 5-6,  
2012 "Relay for Life of Coral Reef"  
event

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The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.



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R. A. Cuevas, Jr.  
County Attorney

RAC/cp

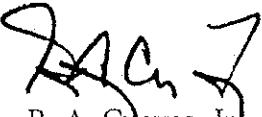


# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners

**DATE:** July 3, 2012

**FROM:**   
R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Agenda Item No. 11(A)(33)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's \_\_\_\_, 3/5's \_\_\_\_, unanimous\_\_\_\_) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 11(A)(33)  
7-3-12

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT FOR THE MAY 5 - 6, 2012 "RELAY FOR LIFE OF CORAL REEF" SPONSORED BY THE AMERICAN CANCER SOCIETY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,310.00 TO BE FUNDED FROM THE DISTRICT 9 FY 2011-12 IN-KIND RESERVE FUND

**WHEREAS**, the American Cancer Society, Inc., has requested in-kind services from the Parks, Recreation, and Open Spaces Department for the May 5 - 6, 2012 "Relay for Life of Coral Reef" event in an amount not to exceed \$1,310.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the "Relay for Life of Coral Reef" is a fundraiser to benefit the American Cancer Society, Inc. and promote cancer research; and

**WHEREAS**, the American Cancer Society Inc. is a not-for-profit organization; and

**WHEREAS**, the "Relay for Life of Coral Reef" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,310.00 of the in-kind services shall be funded from the District 9 FY 2011-12 In-Kind Reserve Fund,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively authorizes in-kind services from the Parks, Recreation, and Open Spaces Department for the May 5 - 6, 2012 "Relay for Life of Coral Reef" event sponsored by the American Cancer Society, Inc. in an amount not to exceed \$1,310.00 to be funded from the District 9 FY 2011-12 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman	
Audrey M. Edmonson, Vice Chairwoman	
Bruno A. Barreiro	Lynda Bell
Esteban L. Bovo, Jr.	Jose "Pepe" Diaz
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Rebeca Sosa	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared the resolution duly passed and adopted this 3<sup>rd</sup> day of July, 2012. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

GKS

Gerald K. Sanchez

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management  
111 N.W. 1st Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event\* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event\* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

\*\*Note: Event budget must be included for "Special" and "Major" event types.\*\*

Commissioner sponsoring event Dennis Moss

1. Full legal name of the requesting organization: American Cancer Society

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt  
☐ For-Profit  
☐ Local Government or Public Entity  
☐ Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

CARLA HIBBERT - COMMUNITY REPRESENTATIVE - for the CORAL REEF -  
RELAY FOR LIFE event.

4. Specify fee waiver or in-kind service requested (quantify, if applicable): SHOW MOBILE (PORTABLE STAGING),  
1 generator.

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): \_\_\_\_\_

This event is an 18 hour Relay to benefit cancer research and come back and fight against this epidemic as a community. Team are formed of community members who pledge to fundraise to donate all their proceeds to the American Cancer Society, Relay FOR LIFE event of CORAL REEF.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): \_\_\_\_\_

Richmond Heights Middle School - 15015 SW 103<sup>rd</sup> Avenue, Miami, FL.  
33176.

8. Description of regional or local impact: \_\_\_\_\_

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): \_\_\_\_\_

Event will set up at 10am on May 5<sup>th</sup> and breakdown at 10am on May 6<sup>th</sup>. All guest will be able to come in as early as 2pm on May 5<sup>th</sup>.

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): - see attached -

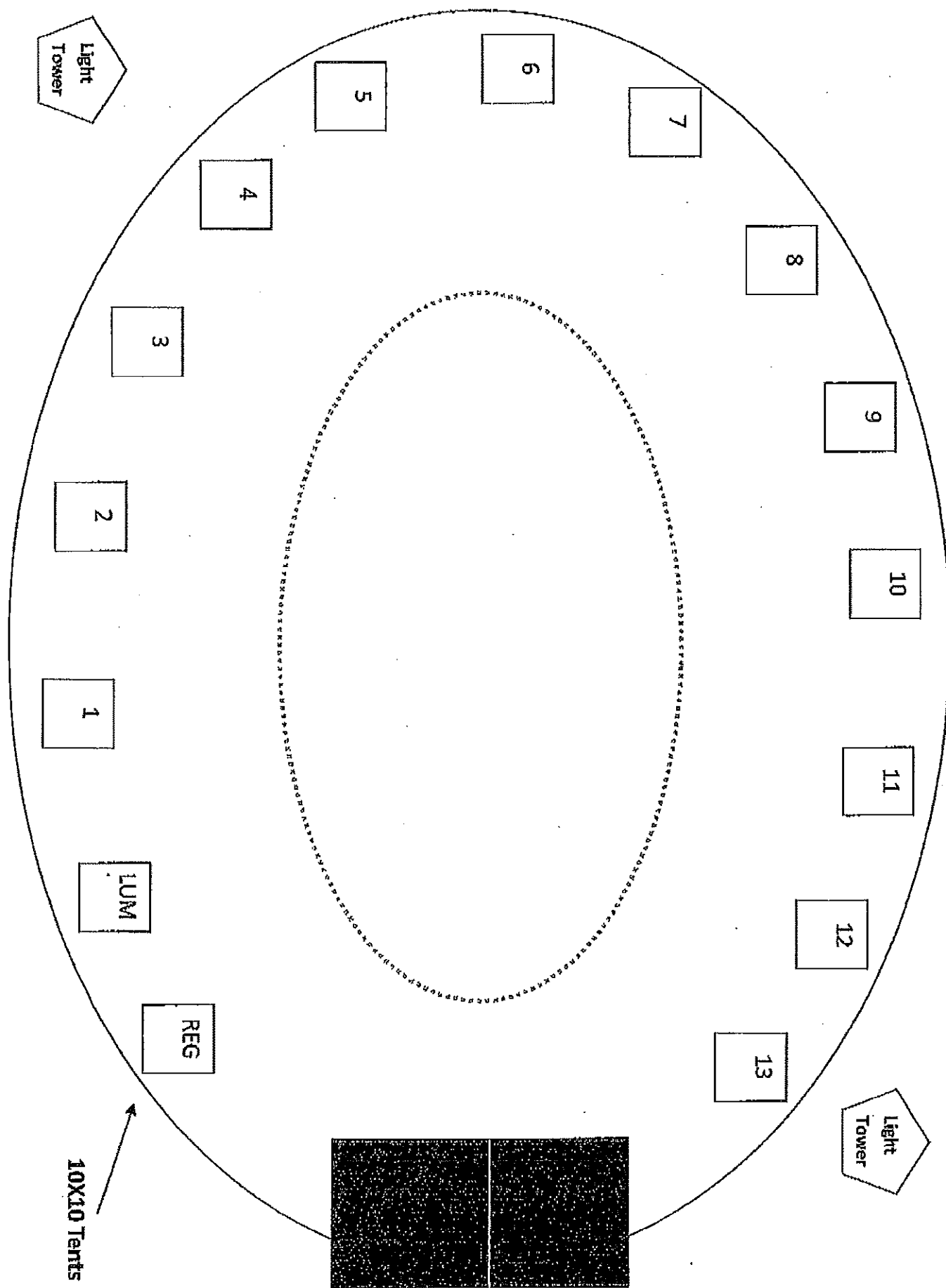
11. Expected number of participants and estimated attendance (per day, if applicable): 100 - 300 attendees

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

I hereby certify that all the statements made in this application are true and correct.

Lilla P. Gilbert  
Signature of Authorized Representative

5/2/2012  
Date





**Form W-9**  
(Rev. January 2011)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Name (as shown on your income tax return) **American Cancer Society FL Division**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Exempt payee

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.) **8095 NW 12 ST**

City, state, and ZIP code **Doral, FL 33126**

List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

59 **45** - **0657320**

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶

Date ▶

**5/1/2012**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Form W-9 (Rev. 1-2011)

Page 4

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>4</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account. Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [irs.gov](http://irs.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## **The American Cancer Society Community Programs & Services**

The American Cancer Society Dietitian on Call program provides personalized free nutrition counseling by registered oncology dietitians and is offered by phone to cancer patients and survivors before, during, and after treatment. Dietitians may assist with: management of treatment side-effects, like nausea, poor appetite, constipation, diarrhea, altered taste, or weight loss; achieving a healthier weight after treatment is finished, and information about nutrition and physical activity to lower risk of cancer recurrence.

**ROAD to Recovery** program provides transportation to cancer patients in treatment through a network of volunteer drivers.

The **Cancer Resource Centers** serve as an information center and as a "gift closet" for free items such as wigs, scarves, hats, mastectomy bras, and breast prosthesis. They are open to patients, family members, caregivers and the general public.

The **American Cancer Society Patient Navigator** program helps patients, families, and caregivers navigate the many systems encountered during the cancer journey. Trained patient navigators link those dealing with cancer to needed programs and resources. The Patient Navigator Program is a collaborative program between the American Cancer Society and Jackson Memorial Hospital. This community-based partnership allows outreach to those most in need during the cancer experience.

**Look Good...Feel Better** program is a community-based, free, national service. It teaches female cancer patients beauty tips to look better and feel good about how they look during chemotherapy and radiation treatments. Trained beauty experts help each patient manage her skin, nail, and hair needs and also help her find ways to feel better about how she looks during treatment.

**Reach to Recovery** program helps people (female and male) cope with their breast cancer experience. This experience begins when someone is faced with breast cancer diagnosis and continues throughout the entire period that breast cancer remains a personal concern. Most importantly, Reach to Recovery volunteers offer understanding, support, and hope because they themselves have survived breast cancer and gone on to live normal, productive lives.

**Man to Man** program helps men cope with prostate cancer by offering community-based education and support for patients and their family members. A core component of the program is the self-help and/or support group. Volunteers organize these free monthly meetings where speakers and participants learn about and discuss information about prostate cancer, treatment, side effects, and how to cope with prostate cancer and its treatment.

**I Can Cope** is a free educational program for adults facing cancer – either personally, or as a friend or family caregiver. I Can Cope classes can help dispel cancer myths by presenting straightforward information and answers to your cancer-related questions about: Diagnosis and treatment, Side effects of treatment, Self-esteem and intimacy, Communicating concerns and feelings, Community resources, Financial concerns, Pain management, Nutrition and physical activity, Cancer-related fatigue and Keeping well in mind, body, and spirit.

**R.O.C.K. Camp** is the American Cancer Society's Reaching Out to Cancer Kids program. Florida is blessed to have our own hole-in-the-wall camp for our medically involved children, thanks to the generosity of many generous souls. There is a full medical facility, staffed with pediatric oncologists and pediatric oncology nurses, so help was very close by if needed. R.O.C.K. Camp is a busy place: swimming, archery, canoeing, wood shop, crafts, performing arts, horseback riding "into the wilderness", and camp fires with marshmallows, cabin cheers, and silly songs.

The American Cancer Society's Families R.O.C.K. Weekend was established in 2000 and is a fun, educational retreat for children with cancer and their families. Parents have an opportunity to learn more about the disease from medical professionals in a casual setting, while their children participate in fun, educational programs and activities. Anticipated Families R.O.C.K. Weekend outcomes range from increased compliance with treatment methods to enhancements to their quality of life.

The American Cancer Society's R.O.C.K. College Scholarship Program is an award-winning college scholarship opportunity exclusively for students with a history of cancer. The program gives young cancer survivors a chance to pursue an undergraduate degree from an accredited Florida university, community college, or vocational technical school. R.O.C.K. College Scholarships are one of three American Cancer Society Reaching Out to Cancer Kids, R.O.C.K. Programs in Florida.

#### **Connection Resources – over 4,000 programs and services available**

##### **Top 20 resources available:**

Financial Assistance	Lodgings	Companion
Pharmaceutical/Medication Assistance	School Supplies	Christmas Gifts
Legal Assistance	Non-Medical Supplies	Ground Transportation
Health Care/Cancer Care for Uninsured/Undocumented	Nutritional Supplements	Air Transportation
Housekeeping	Bra/Prosthesis	General Information
Screenings	Support Programs	Childcare
	Rental Assistance	
	Wigs	

##### **Grants in effect**

Over \$3.8 million in effect at the University of Miami for research in tumor vaccine, pain signals, smoking cessation, breast cancer, mammography and to support young investigators.

Also over \$110,000 in community education grants funding: Antioch Missionary Baptist Church of Miami Gardens - African Americans, Florida Breast Health Initiative – Breast, Womankind, Inc. – Hispanics Breast & Haitian American Nurses Association (HANA) African Americans Breast.



**SHOWMOBILES, STAGES, BLEACHERS,  
AND SOUND PRODUCTION**  
**(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)**

**EQUIPMENT (S) CONFIRMATION FORM**

**ORGANIZATION/AGENCY:** Coral Reef Relay for Life

**EQUIPMENT REQUESTED:** Showmobile Small and Generator 25kw

**NAME OF PERSON RESPONSIBLE FOR THIS BILL:** Commissioner Dennis Moss,  
Commission District #9

**OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):** \_\_\_\_\_

**BILLING ADDRESS/ZIP CODE:** 111 NW 1 Street Suite 320 Miami, FL

**NAME/TITLE OF THE EVENT:** Coral Reef Relay for Life

**ADDRESS OF EVENT:** Richmond Heights Middle School 15015 SW 103 Ave

**TODAY'S DATE:** 05/01/12

**DATE (S) & TIME OF EVENT:** 05/05/12 - 05/06/12

**SET-UP TIME & DAY:** 10AM 05/05/12

**TAKE-DOWN & DAY:** 9AM 05/06/12

**CONTACT PERSON/PHONE:** Brian Woolfolk 786-205-0061

**AT SITE CONTACT/CELL PHONE#:** Karen Joseph 305-519-8553

**SPECIAL INSTRUCTIONS:** Direction Item(s) are to be placed, maps, diagrams, etc.

**OTHER INFORMATION:** Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

**\*Fee: \$1,310.00 In-kind District #9**

**\*(SEE FEE SCHEDULE FOR EXACT CHARGES)**

**Signature:** \_\_\_\_\_

Commissioner Dennis Moss

**Agency/Group:** Commission District #9

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE  
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**½ (HALF) OF RENTAL FEE.** \*There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.


Late equipment arrivals, please call (786) 236-7926

# Memorandum



**Date:** July 3, 2012

**To:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners

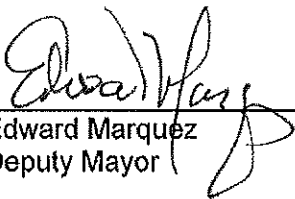
**From:** Carlos A. Gimenez  
Mayor 

**Subject:** District Specific In-Kind Request

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A retroactive waiver for in-kind services has been requested by the American Cancer Society, Inc., for their "Relay for Life of Coral Reef" event held on May 5 - 6, 2012.

In-kind services have been requested in an amount not to exceed \$1,310 from the Parks, Recreation, and Open Spaces Department for the use of a small showmobile and a generator. This event will be funded from the District 9 FY 2011-12 In-Kind Reserve Fund.

  
Edward Marquez  
Deputy Mayor

Inkind012028